

**Wednesday, April 22, 2026 | 2:00 pm**

**Audio Only:** dial Phone Conference Line: **(509) 598-2842**

When prompted, enter Conference ID number: **321 942 849#**

**Microsoft Teams meeting:** Join live on your computer or mobile app.

[Click here to join the meeting](#)

You may attend this meeting virtually by accessing the information above or in person in the Dirksen Conference Room at 834 Sheridan Street. Limited seating is available.

TIME	WELCOME	WHO
2:00pm	<b>Call to Order</b>	Commissioner McComas
	<b>Approve Agenda</b>	Board of Commissioners
<b>FOCUS REPORT</b>		
2:05pm	<b>Medical Staff Services- Credentialing Overview</b>	Dr. Molly Hong & Tesha Davidson, Med. Staff Manager
2:35pm	<b>Patient Story</b>	Tina Toner, CNO
<b>PUBLIC COMMENT</b>		
2:40pm	Public comments are welcome orally, with a 3-minute limit, or may be submitted via email at <a href="mailto:commissioners@jeffersonhealthcare.org">commissioners@jeffersonhealthcare.org</a> , or written and addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368. Written submissions must be received by 5:00pm the day prior to the meeting.	
<b>ACTION REQUESTED</b>		
2:45pm	<b>Action Requested</b> <ul style="list-style-type: none"> <li>• March 25, 2026, Regular Session Minutes</li> <li>• Medical Staff Credentials / Appointments / Reappointments</li> </ul>	Board of Commissioners
<b>CONSENT AGENDA</b>		
2:50pm	<b>Required Approvals: Action Requested</b> <ul style="list-style-type: none"> <li>• Resolution 2026-10 Surplus Equipment</li> <li>• Resolution 2026-11 Canceled Warrants</li> <li>• Resolution 2026-12 Q2 QAPI Plan</li> <li>• March Warrants and Adjustments</li> </ul>	Board of Commissioners
<b>STANDING REPORTS</b>		
3:00pm	<ul style="list-style-type: none"> <li>• Quality Report</li> </ul>	Brandie Manuel, CPSQO
3:15pm	<ul style="list-style-type: none"> <li>• Financial Report</li> </ul>	Tyler Freeman, CFO
3:30pm	<b>Break</b>	Board of Commissioners
<b>STANDING REPORTS</b>		
3:40pm	<ul style="list-style-type: none"> <li>• Advocacy Report</li> </ul>	Elise Wright, Population Health & Government Advocacy Mgr. Mike Glenn, CEO
3:55pm	<ul style="list-style-type: none"> <li>• Administrative Report               <ul style="list-style-type: none"> <li>○ CEO Succession Plan</li> <li>○ HRI Mitigation &amp; Execution Plan</li> <li>○ Levy Lid Lift Continued Discussion</li> </ul> </li> </ul>	
<b>BOARD BUSINESS</b>		
4:10pm	<ul style="list-style-type: none"> <li>• Board Report</li> </ul>	Board of Commissioners
4:25pm	<ul style="list-style-type: none"> <li>• Meeting Evaluation</li> </ul>	Board of Commissioners

Jefferson Healthcare: Owned and operated by Jefferson County Public Hospital District No. 2

834 Sheridan Street, Port Townsend, WA 98368- We are an equal opportunity provider and employer.

Jefferson County Public Hospital District No. 2 Board of Commissioners acknowledge that Jefferson Healthcare is on the ancestral and contemporary homelands of the S'Klallam, Chemakum, Twana and other indigenous nations and we recognize these tribal governments' sovereignty across the region.

	<b>CONCLUDE</b>	
4:30pm	<b>Conclude</b>	Board of Commissioners

This Regular Session will be officially recorded. The times shown on the agenda are estimates only.

DRAFT

Wednesday, March 25, 2026 2:00 pm

**Audio Only:** dial Phone Conference Line: (509) 598-2842

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Due to multiple respiratory illnesses, Jefferson Healthcare is still highly encouraging the practice of infection protocols. You may attend this meeting virtually by accessing the information above or in person in the Dirksen Conference Room at 834 Sheridan Street. Limited seating is available.

TIME	WELCOME	WHO
2:00pm	<p><b>Call to Order</b> The meeting was called to order at 2:00pm by Board Chair McComas. Commissioners in attendance included Commissioners McComas, Dressler, Rhoden, Kolff, and virtually attending was Commissioner Ready. Also, in attendance were Mike Glenn, CEO; Jake Davidson, COO; Tina Toner, CNO; Brandie Manuel, CPSQO; Tyler Freeman, CFO; Brittany Huntingford, &amp; Carly Korpi-Cloninger, Executive Assistants; and Skip Houser, Attorney of Budd Bay Law.</p> <p>This meeting was officially recorded by Jefferson Healthcare.</p>	Commissioner McComas
	<p><b>Approve Agenda</b> Commissioner Kolff motioned to accept the agenda as presented, Commissioner Rhoden seconded.</p> <p><b>Action:</b> Motion passed.</p>	Board of Commissioners
	<b>FOCUS REPORT</b>	
2:05pm	<p><b>Population Health &amp; SANE Update</b> Katie-Rose Fischer-Price presented an update on the Sexual Assault Nurse Examiner (SANE) program that included what a SANE exam is, Program History &amp; Overview, Case Data, Rural SANE Program Challenges, Accomplishments, Increased Collaboration, Pediatric Services, 2025 Grant Acquired, Strangulation Exams, Pediatric Advocacy Care Team (PACT), Community Impact- Expanding &amp; Shrinking Services. Discussion ensued</p> <p>Dr. Molly Parker presented an update on Population Health that included What Population Health is, Non-Medical Drivers of Health, Population Health Goals, Population Health Process, Portfolio Examples, Community Benefits, JH Benefit, System Benefit, and The Population Health Programs. Discussion ensued</p>	<p>Katie-Rose Fischer-Price, SANE Program Manager</p> <p>Dr. Molly Parker, Associate CMO</p>
2:40pm	<p><b>Patient Story</b> Tina Toner, Chief Nursing Officer, shared with the board a patient story for March, that reflected on Stroke Awareness and the experience a</p>	Tina Toner, CNO

	patient and spouse had at Jefferson Healthcare during a stroke diagnosis.	
<b>PUBLIC COMMENT</b>		
2:10pm	Public comments are welcome orally, with a 3-minute limit, or may be submitted via email at <a href="mailto:commissioners@jeffersonhealthcare.org">commissioners@jeffersonhealthcare.org</a> , or written and addressed to Commissioners at 834 Sheridan Street, Port Townsend, WA 98368. Written submissions must be received by 5:00pm the day prior to the meeting. There was no public comment.	
<b>ACTION REQUESTED</b>		
2:15pm	<p><b>Action Requested</b></p> <ul style="list-style-type: none"> <li>February 25, 2026, Regular Session Minutes</li> <li>Medical Staff Credentials / Appointments / Reappointments</li> </ul> <p>Commissioner McComas asked if there are any amendments to be made. No discussion or amendments were made.</p> <p>Commissioner Dressler moved to approve the minutes as presented with a requested correction by Commissioner Kolff to reflect Commissioner Kolff vs Kees in Board Business. Commissioner Rhoden seconded. <b>Action:</b> Motion passed.</p> <p>Commissioner Dressler moved to approve the Medical Staff Credentials as presented. Commissioner Kolff seconded. <b>Action:</b> Motion passed.</p>	Board of Commissioners
<b>CONSENT AGENDA</b>		
2:20pm	<p><b>Required Approvals: Action Requested</b></p> <ul style="list-style-type: none"> <li>Resolution 2026-08 Surplus Equipment</li> <li>Resolution 2026-09 Canceled Warrants</li> <li>February Warrants and Adjustments</li> </ul> <p>Discussion ensued No changes were made to the consent agenda, it was approved as presented.</p>	Board of Commissioners
<b>STANDING REPORTS</b>		
3:00pm	<ul style="list-style-type: none"> <li><b>Quality Report</b></li> </ul> <p>Brandie Manuel, Chief Patient Safety &amp; Quality Officer, gave the March quality report which included a focus on the Emergency Department and their targets as linked to the Strategic Plan, Emergency Department Clinical Quality Council 2026 Focus, Emergency Department Quality Metrics, Discussion ensued.</p>	Brandie Manuel, CPSQO
3:10pm	<ul style="list-style-type: none"> <li><b>Financial Report</b></li> </ul> <p>Tyler Freeman, Chief Financial Officer, presented the February Financial Report which included a review of our statistics, income statement, cash and accounts receivable. Discussion ensued</p>	Tyler Freeman, CFO

3:20pm	<ul style="list-style-type: none"> <li>• <b>Advocacy Report</b></li> </ul> <p>Elise Wright, Population Health and Government Advocacy Manager, provided an update on Advocacy with a focus on Legislative Session Recap, and What’s Coming Up. Discussion ensued</p>	Elise Wright
3:30pm	<ul style="list-style-type: none"> <li>• <b>Administrative Report</b></li> </ul> <p>Mike Glenn, Chief Executive Officer, also shared an update on OMC, HR1 Mitigation Plan, Other Fun Stuff and Levy Lid Lift. Discussion ensued</p>	Mike Glenn, CEO
<b>BOARD BUSINESS</b>		
3:40pm 3:45pm 3:50pm	<ul style="list-style-type: none"> <li>• <b>Board Report</b></li> </ul> <p>Commissioner McComas reminded the board to submit their financial disclosers to the PDC. Commissioner Kolff shared an update from the Board of Health.</p> <ul style="list-style-type: none"> <li>• <b>Bi-Annual Agenda Assessment</b></li> </ul> <p>Discussion ensued.</p> <ul style="list-style-type: none"> <li>• <b>Meeting Evaluation</b></li> </ul> <p>The board evaluated the meeting.</p>	Board of Commissioners  Board of Commissioners  Board of Commissioners
<b>CONCLUDE</b>		
3:55pm	<p><b>Conclude</b></p> <p>Commissioner Dressler made a motion to conclude the meeting. Commissioner Kolff seconded. <b>Action:</b> Motion passed unanimously.</p> <p>Meeting concluded at 4:56pm.</p> <p>Approved by the Commission: Chair of Commission: Bruce McComas</p> <hr/> <p>Secretary of Commission: Marie Dressler</p> <hr/>	Board of Commissioners

This Regular Session will be officially recorded. The times shown on the agenda are estimates only.

**FROM:** Medical Staff Services  
**RE:** 4/21/26 Medical Executive Committee appointments/reappointments for Board approval 4/22/2026

C-0241

§485.627(a) Standard: Governing Body or Responsible Individual

The CAH has a governing body or an individual that assumes full legal responsibility for determining, implementing and monitoring policies governing the CAH'S total operation and for ensuring that those policies are administered so as to provide quality health care in a safe environment.

Interpretive Guidelines §485.627(a)

*It is the responsibility of the governing body (or responsible individual) to appoint, with the advice of the medical staff, the individual practitioners to the medical staff. After considering medical staff recommendations, and in accordance with established CAH medical staff criteria and State and Federal laws and regulations, the governing body (or responsible individual) decides whether or not to appoint new medical staff members or to continue current members of the medical staff.*

### **JHC Active Initial Appointments**

1. N/A

### **Allied Initial Appointments**

1. N/A

### **Courtesy Initial Appointments**

- Black, Steven, MD - Tele-Radiology - REAL RADS
- Murphy, Michael - MD - TeleRadiology - REAL RADS
- Liu, David, MD - Skagit- Tele-Radiology ONLY

### **Locums Tenens**

1. N/A

### **Recommended re-appointment to the active medical staff with privileges as requested:**

1. Johns, Michael, MD - Hospital Medicine - Family Medicine
2. Churchley, Stephen, MD - Emergency Medicine/POCUS

### **Recommended re-appointment to the courtesy medical staff with privileges as requested:**

1. Lloyd, Kelly, MD - Pathology
2. Desai, Kinjal, MD - Teleneurology - PROVIDENCE
3. Lada, Robert, MD - Teleneurology - PROVIDENCE
4. Marvi, Michael, MD - Teleneurology - PROVIDENCE
5. Patel, Harsh, MD - Teleneurology - PROVIDENCE
6. Sapkota, Biggya, MD - Teleneurology - PROVIDENCE

### **Recommended re-appointment to the allied health staff with privileges as requested:**

1. Walkowski, Daniel, PA-C - Dermatology

### **Recommended re-appointment to the LOCUMS staff with privileges as requested:**

1. N/A

### **Recommended re-appointment to the PER DIEM staff with privileges as requested:**

1. N/A

### **Recommended Temporary Privileges:**

1. N/A

**FROM:** Medical Staff Services  
**RE:** 4/21/26 Medical Executive Committee appointments/reappointments for Board approval 4/22/2026

C-0241

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**New/Recommended POCUS Privileges:**

1. N/A

**Medical Student Rotation:**

1. N/A

**Disaster Privileging**

1. N/A

**Added Privileging**

1. N/A

**90-day provisional performance review completed successfully:**

1. Fuentes, Katherine, PA-C - Physician Assistant -Certified- Sheridan Clinic
2. Lofquist, Frederica, MD - Per-diem OBGYN

**Resignations:**

1. McWhorter, Valarie, MD Resigned 3/31/2026
2. Aquisto, Thomas, MD Resigned 4/21/26

**Policies and Privileges**

**Annual Review of Policies**

1. Computerized Physician Order Entry

**Revised Policies**

1. N/A

**Annual Med Staff Policy Review**

1. N/A

**New Policies**

1. N/A

**Med Staff Delineation of Privileges Review**

1. N/A

**New Privileges**

1. N/A

**FROM:** Medical Staff Services

**RE:** **4/21/26** Medical Executive Committee appointments/reappointments for Board approval **4/22/2026**

C-0241

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**Annual Review of Privileges**

1. N/A

**Revised/Updated Privileges**

1. N/A

**Annual P&T Committee Policies/Reports**

1. N/A

DRAFT

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2026-10

A RESOLUTION TO DECLARE CERTAIN EQUIPMENT SURPLUS TO THE NEEDS OF JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2 AND TO AUTHORIZE THE DISPOSAL OF SAID EQUIPMENT

WHEREAS the item(s) of equipment enumerated below are obsolete and otherwise surplus to the District, and;

WHEREAS said equipment now represents an unnecessary cost to the District to retain and store it,

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) The following equipment be declared surplus to the needs of Jefferson County Public Hospital District No. 2 and will be disposed of in compliance with state law:

Description	Asset #	Serial #	Model #
Various explanted equipment	Ice machine only: 15-00136 Other items: no asset #		
GE Ultrasound	OR0242	C1047061	5323918

APPROVED this 22<sup>nd</sup> day of April 2026.

APPROVED BY THE COMMISSION:

Commission Chair Bruce McComas: \_\_\_\_\_

Commission Secretary Marie Dressler: \_\_\_\_\_

Attest:

Commissioner Patty Rhoden: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Matt Ready: \_\_\_\_\_

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2  
RESOLUTION 2026-11

A RESOLUTION CANCELING CERTAIN WARRANTS IN  
THE AMOUNT OF \$377.61

WHEREAS warrants of any municipal corporation not presented within one year of their issue, or, that have been voided or replaced, shall be canceled by the passage of a resolution of the governing body;

NOW, THEREFORE BE IT RESOLVED THAT:

In order to comply with RCW 36.22.100, the warrants indicated below in the total amount of \$377.61 to be canceled.

Date of Issue	Warrant #	Amount
3.6.2025	314150	10.00
3.6.2025	314151	30.93
3.20.2025	314437	36.68
3.20.2025	314607	300.00
<b>Total</b>		<b>\$377.61</b>

APPROVED this 22<sup>nd</sup> day of April 2026.

APPROVED BY THE COMMISSION:

Commission Chair Bruce McComas: \_\_\_\_\_

Commissioner Marie Dressler: \_\_\_\_\_

Attest:

Commissioner Patty Rhoden: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Matt Ready: \_\_\_\_\_

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 2026 WARRANT SUMMARY

The following items need to be approved at the next commission meeting:

General Fund Warrants & ACH Transfers	<b>\$25,698,668.02</b>	(Provided under separate cover)
Allowance for Uncollectible Accounts / Charity	<b>\$1,211,090.00</b>	(Attached)
Canceled Warrants	<b>377.61</b>	(Attached)

DRAFT

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 2026 GENERAL FUND WARRANTS & ACH  
FUND TRANSFERS

Submitted for your approval are the following warrants:

GENERAL FUND:

320933 - 321474 6,611,044.17

ACH TRANSFERS \$19,087,623.85

25,698,668.02

YEAR-TO-DATE:

\$ 69,749,216.48

Warrants are available for review if requested.

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 2026 ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS, ADMINISTRATIVE, AND CHARITY CARE WRITE OFFS

Submitted for your approval are the following:

	MARCH	MARCH YTD	MARCH YTD BUDGET
Allowance for Uncollectible Accounts:	595,560.00	1,813,221.00	1,520,611.00
Charity Care:	573,154.00	1,450,867.00	1,565,806.00
Other Administrative Adjustments:	42,376.00	149,177.00	241,732.00
	<hr/>		
TOTAL FOR MONTH:	1,211,090.00	3,413,265.00	3,328,149.00
	<hr/>		

DRAFT

JEFFERSON HEALTHCARE  
834 SHERIDAN AVENUE  
PORT TOWNSEND, WA 98368

TO: BOARD OF COMMISSIONERS  
FROM: TYLER FREEMAN, CFO  
RE: MARCH 2026 WARRANT CANCELLATIONS

State law requires you to pass a resolution canceling any warrants which are not presented to the Treasurer for payment within one year of issue.

DATE	WARRANT		AMOUNT
03/06/2025	314150	FBO HOSPITAL DISTRICT #2	10.00
03/06/2025	314151	FBO HOSPITAL DISTRICT #2	30.93
03/20/2025	314437	FBO HOSPITAL DISTRICT #2	36.68
03/20/2025	314607	FBO HOSPITAL DISTRICT #2	300.00

JEFFERSON COUNTY PUBLIC HOSPITAL DISTRICT NO. 2

RESOLUTION 2026-12

A RESOLUTION TO DECLARE THAT ALL COMMISSIONERS HAVE RECEIVED A COPY OF THE HOME HEALTH/HOSPICE/PALLIATIVE CARE SUMMARY OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PLAN AND APPROVE OF THE CURRENT PLAN AND INSTRUMENTS NECESSARY TO EXECUTE THIS PLAN.

WHEREAS all commissioners have received a copy of the Summary of Home Health/Hospice/Palliative Care Quality Assurance and Performance Improvement (QAPI) Plan, and;

WHEREAS the plan is approved as written including instruments necessary to execute this plan,

NOW, THEREFORE, BE IT RESOLVED THAT:

- 1) Commissioners have read the Quality Assurance and Performance Improvement (QAPI) Plan provided to them, and approve of the plan and instruments necessary to execute this plan:

APPROVED this 22<sup>nd</sup> day of April, 2026.

APPROVED BY THE COMMISSION:

Commission Chair Bruce McComas: \_\_\_\_\_

Commission Secretary Marie Dressler: \_\_\_\_\_

Attest:

Commissioner Patty Rhoden: \_\_\_\_\_

Commissioner Kees Kolff: \_\_\_\_\_

Commissioner Matt Ready: \_\_\_\_\_

**Meeting:** HHH/PC QAPI Meeting  
**Time:** 1:00 PM to 2:30 PM  
**Recorder:** Christina Avila

**Date:** 04/03/2026  
**Location:** Microsoft Teams

X	David Hunsley, Director	X	Linda Potter, Hospice Lead Registered Nurse	X	Lisa Porter, Clinical Operations Manager	X	Gina Iery, Hospice Registered Nurse
X	Dr. Joseph Mattern, Medical Director	X	Sara Katz, P.A.- Palliative Care	E	Jill Katenbrink Newsome, Community Liaison/ Hospice Ancillary Program Manager	E	Linda Calderwood, Nurse Practitioner- Palliative Care
X	Kyra Berkovich, Office Coordinator- Palliative Care	X	Krystal Brock-Farrington Business Operations Manager	E	Terri Neal Home Health Physical Therapist	X	Robin Bruckschen URQN
X	Brittany Shrout URQN	X	Christina Avila Accreditation and Quality Specialist	E	Eric McDavid, PTA Home Health and Hospice		

Topic/Discussion
<p><b>Review:</b></p> <ul style="list-style-type: none"> <li>-Patient Satisfaction/Grievance/Comments/Compliments</li> <li>-Incident Reports</li> <li>-Infection Control Log</li> <li>-Daily Meal Break Compliance Project</li> <li>-Referral Partner Survey Update</li> <li>-Key Driver Voting Discussion</li> </ul> <p>The meeting began at 1:00 pm. Lisa informed Christina that she and Krystal are scheduled every Friday at 1:30 for a meeting and requested that future QAPI meetings are scheduled at another time to accommodate that meeting.</p> <p><b>Action:</b></p> <p>Christina to confirm that all future QAPI meetings are not scheduled between 1-2 on Fridays.</p> <p>Christina reviewed the proposed agenda. No questions or comments from the group.</p> <p>Christina confirmed with the group that Home Health and Hospice comments were received via email and reviewed independently already and asked if the group had any other questions or comments surrounding patient comments. Christina shared that there were a few negative comments, but some of those comments did not mention patient care. There were no questions or discussion from the group regarding patient comments.</p>

Christina shared the falls data for the first quarter of 2026, and noted that there were no reported infections or incidents to report to the group for this timeframe (see slides). Lisa shared that there were infections to include for the first quarter from Hospice and will send to Christina to update the infection log.

**Action:**

Lisa to send Christina reported infections for Hospice for the first quarter of 2026.

Christina confirmed that Data and Analytics are still working on providing accurate data for employee meals and breaks and provided an update that meals and breaks continue to be monitored and addressed timely.

Christina shared that the annual referral partner survey was sent to all internal providers as well as Life Care Center, San Juan Villa, Port Townsend Senior Living, and Victoria Place. Christina stated that the results of this survey will be available at the end of April and will be shared at the next QAPI meeting.

Christina shared that she and David met with Brandie to review the new NRC platform for key drivers and confirmed that there are new sets of key drivers for both Home Health and Hospice. Brandie suggested that the group review the new key drivers and pick three from each department that meet the following criteria: high risk, high impact, and staff choice. Christina suggested a group vote via forms by the next quarter to decide which key drivers to focus on. The group agreed to this suggestion.

**Action:**

Christina to send a forms survey for Home Health and Hospice Key Drivers to the group.

**Review Progress of Current Home Health Goals**

**-Improvement in Ambulation, Dyspnea, Management of Oral Meds, and OASIS Accuracy**

**-Focus Group Audit Summary**

Christina provided an image from the Home Health Medicare Compare website showing a patient survey rating of 4 out of 5 stars and a quality rating of 2 out of 5 stars. Christina noted that the quality rating is being impacted by OASIS scores, which is being addressed by the Home Health team currently. Christina confirmed that the data for OASIS accuracy has not changed since the last QAPI meeting, which was likely due to closeness in meeting series.

Dr. Mattern asked if these numbers are shared with the whole Home Health team. Lisa shared that she is doing SOC conferences with every start of care, and that ambulation and transfers are being scored too low at the start of care, and that there will likely be an improvement in these scores. Lisa confirmed that improvement in breathing will be difficult to score higher because many ortho patients are not short of breath upon admission. Dr. Mattern recommended showing the Medicare Compare scores with the group to provide context for goals to improve scores.

The group noted that there was both a quality and patient satisfaction score provided for Home Health, but only the patient satisfaction score for Hospice. Christina and Krystal confirmed that there has been discussion about Medicare including HOPE assessment scores in the near future on the Medicare Compare site.

Christina shared the results of the four weekly audits, including a change to one of the questions in the 40% random chart audits, from “Is it documented at least every 7 days that all medications patient is taking have been reviewed by the patient?” to “Is it documented at least every visit that all medications patient is taking have been reviewed with the patient?” Christina shared that this change was made because it was noted that not every patient was seen every 7 days. Christina encouraged the group to provide any insight or suggestions that might be noted when reviewing audit items and scores for each week. Christina confirmed that each audit item that is retired to quarterly audits have continued to score at 100% after being retired.

#### **Review Progress of Current Hospice Goals**

##### **-Visits in Final Days of Life**

##### **-Hospice Provider and Patient Education Plan**

Christina shared the Hospice Medicare Compare score for Hospice, which was 5 out of 5 stars. Christina confirmed that the scores for visits in the final days of life are the same as the last QAPI meeting, and that this data is likely not refreshed yet for the next quarter. Dr. Mattern asked if the patient refused the final visit from either a nurse or a social worker if that will count against us. Krystal shared that the Hospice team has worked hard to increase visits in the final days of life. Christina asked if this could be impacted heavily by MAID patients. David shared that there was a score in the Fred Hutch study that showed higher than the Medicare score, and this would likely be due to a lag in reporting from Medicare, which reports a year behind. Gina shared that there is documentation when someone refuses a visit, but that this is likely still hurting our score. David confirmed that Medicare is not likely to look at documentation for these scores. Krystal shared that this is likely claims-based data, and that nonbillable or late claims may hurt this score and would like to dig into this score to see if we can determine where these scores are coming from. Sara asked if we could do an internal data audit to compare with the national data that is being reported. Dr. Mattern asked if the way in which the last visits are being offered impacts the number of refusals. Christina asked if the final visit could be telemedicine visit or in person. Krystal confirmed that there has to be a billable, in person visit for this to count.

#### **Action:**

Krystal, Gina, David, Lisa, Linda, and Christina to follow up on scores for visits in final days of life.

Christina shared that David is working to schedule lunch and learns and training on all three programs with primary care, ACU, and ICU. Lisa shared that there is a better understanding of Home Health and Hospice referrals from inpatient teams than with primary care.

#### **Review of Current Palliative Care Goals**

##### **-Palliative Care Coordination with Cancer Center**

##### **-Palliative Care Pro Forma 3.0**

Christina shared that the focus for coordination with the Oncology department has shifted to our internal process of scheduling in Palliative Care. Christina confirmed that the LICSW position is currently in the approval process with SLG, and once this position has been approved the Palliative Care scheduling can move forward and there will be a better picture of what we can do to collaborate with the Oncology department. Christina shared that there is a placeholder meeting in May with the Oncology team.

Christina reviewed the Palliative Care Pro Forma 3.0, including creating a system to measure the level of complexity for each current Palliative Care patient, which is being reviewed in meetings every other week. Christina confirmed that this is to help balance patient acuity and location for each provider. After this is accomplished, the goal is to move forward with a scheduling template which includes the LICSW schedule. Sara shared that she reviewed her patient's acuity scoring and that she changed approximately 10% of her patient's acuity levels, and that she felt this measurement was a helpful tool. Christina shared that the goal will likely be to use this measurement tool on a regular basis to confirm scheduling needs for patients.

Sara asked who she should talk to for an update with Palliative embedding into Oncology. Krystal shared that David is the person to talk to, but from an operational perspective, she and Kyra are trying to look at social worker scheduling to confirm availability to coordinate with Oncology. Krystal shared that at this time there is not a clear path to collaborate with Oncology while the Palliative Care program grows. David agreed that the Palliative Care program is not yet ready to collaborate with the Oncology program, specifically regarding the attendance at the weekly new patient meetings. Sara shared that if there is a weekly meeting to discuss Palliative Care referrals, she would recommend Gina to attend those meetings. David agreed that Gina's role could be aligned to do population stratification, and that if a referral scores low on the needs scale, that this referral be pushed back until the patient has a more significant need. Dr. Mattern shared that if there is a huddle for reviewing patient referrals that a nurse should be the one to attend, and that if there is a discussion about a patient referral not being accepted then he would like to review that patient as the Medical Director. David shared that the clinical assessment for patient acuity would be more accurate with a nurse completing the assessment, but the baseline assessment for current patient acuity was a quick starting point completed by information found in the patient charts by Kyra and Christina. Sara shared that FTE should be considered when balancing provider-to-patient ratio. David confirmed that some of the LICSW visits will need to be telehealth visits.

The meeting concluded at 1:50 pm.

**Next meeting: July 10, 2026**

Gross Revenue

Inpatient Revenue  
Outpatient Revenue

Total Gross Revenue

Revenue Adjustments

Cost Adjustment Medicaid  
Cost Adjustment Medicare  
Charity Care  
Contractual Allowances Other  
Administrative Adjustments  
Allowance for Uncollectible Accounts

Total Revenue Adjustments

Net Patient Service Revenue

Other Revenue

Pharmacies  
Grants  
Other Operating Revenue

Total Operating Revenues

Operating Expenses

Salaries And Wages  
Employee Benefits  
Professional Fees  
Purchased Services  
Supplies  
Insurance  
Leases And Rentals  
Depreciation And Amortization  
Repairs And Maintenance  
Utilities  
Licenses And Taxes  
Software  
Other

Total Operating Expenses  
Operating Income (Loss)

Non Operating Revenues (Expenses)

Taxation For Maint Operations  
Taxation For Debt Service  
Investment Income  
Interest Expense  
Bond Issuance Costs  
Gain or (Loss) on Disposed Asset  
Contributions

Total Non Operating Revenues (Expenses)

Change in Net Position (Loss)

	March 2026 Actual	March 2026 Budget	Variance Favorable/ (Unfavorable)	%	March 2026 YTD	March 2026 Budget YTD	Variance Favorable/ (Unfavorable)	%	March 2025 YTD
Inpatient Revenue	3,792,495	4,023,338	(230,843)	-6%	11,350,373	11,699,753	(349,380)	-3%	10,354,714
Outpatient Revenue	39,938,841	38,049,839	1,889,002	5%	110,165,913	109,805,679	360,234	0%	101,560,222
<b>Total Gross Revenue</b>	<b>43,731,336</b>	<b>42,073,177</b>	<b>1,658,159</b>	<b>4%</b>	<b>121,516,286</b>	<b>121,505,432</b>	<b>10,854</b>	<b>0%</b>	<b>111,914,936</b>
<b>Revenue Adjustments</b>									
Cost Adjustment Medicaid	2,820,195	2,400,639	(419,556)	-17%	7,682,344	6,962,782	(719,561)	-10%	6,921,850
Cost Adjustment Medicare	18,011,202	16,579,510	(1,431,693)	-9%	48,242,103	47,829,598	(412,506)	-1%	43,922,413
Charity Care	573,154	542,200	(30,954)	-6%	1,450,867	1,565,806	114,939	7%	1,533,905
Contractual Allowances Other	3,639,723	3,595,319	(44,404)	-1%	10,706,492	10,172,647	(533,845)	-5%	9,728,946
Administrative Adjustments	42,376	83,706	41,330	49%	149,177	241,732	92,555	38%	107,885
Allowance for Uncollectible Accounts	595,560	526,321	(69,239)	-13%	1,813,221	1,520,611	(292,609)	-19%	961,329
<b>Total Revenue Adjustments</b>	<b>25,682,210</b>	<b>23,727,694</b>	<b>(1,954,516)</b>	<b>-8%</b>	<b>70,044,203</b>	<b>68,293,175</b>	<b>(1,751,028)</b>	<b>-3%</b>	<b>63,176,328</b>
<b>Net Patient Service Revenue</b>	<b>18,049,126</b>	<b>18,345,482</b>	<b>(296,357)</b>	<b>-2%</b>	<b>51,472,083</b>	<b>53,212,256</b>	<b>(1,740,173)</b>	<b>-3%</b>	<b>48,738,608</b>
<b>Other Revenue</b>									
Pharmacies	881,104	778,446	102,658	13%	2,449,527	2,223,152	226,374	10%	1,853,615
Grants	13,890	49,789	(35,899)	-72%	71,325	117,172	(45,847)	-39%	119,811
Other Operating Revenue	93,382	186,713	(93,332)	-50%	272,844	549,697	(276,853)	-50%	258,134
<b>Total Operating Revenues</b>	<b>19,037,501</b>	<b>19,360,431</b>	<b>(322,930)</b>	<b>-2%</b>	<b>54,265,779</b>	<b>56,102,278</b>	<b>(1,836,499)</b>	<b>-3%</b>	<b>50,970,168</b>
<b>Operating Expenses</b>									
Salaries And Wages	9,010,887	9,283,499	272,612	3%	26,095,237	26,968,579	873,341	3%	23,854,595
Employee Benefits	2,021,488	2,077,801	56,313	3%	6,013,937	6,057,086	43,148	1%	5,482,284
Professional Fees	588,467	616,256	27,788	5%	1,613,685	1,793,360	179,675	10%	2,035,937
Purchased Services	867,991	859,128	(8,863)	-1%	2,459,071	2,630,985	171,915	7%	2,512,215
Supplies	3,454,808	4,045,638	590,830	15%	10,480,805	11,716,989	1,236,184	11%	12,148,710
Insurance	167,776	163,333	(4,443)	-3%	521,863	490,000	(31,863)	-7%	446,315
Leases And Rentals	68,608	62,393	(6,215)	-10%	186,940	184,175	(2,765)	-2%	175,549
Depreciation And Amortization	810,451	801,194	(9,257)	-1%	2,425,761	2,403,583	(22,178)	-1%	1,564,564
Repairs And Maintenance	79,064	110,883	31,819	29%	392,231	328,733	(63,498)	-19%	341,930
Utilities	105,840	167,274	61,434	37%	497,646	485,634	(12,012)	-2%	458,661
Licenses And Taxes	213,378	200,762	(12,616)	-6%	600,042	602,251	2,209	0%	483,424
Software	410,899	447,889	36,990	8%	1,173,358	1,345,105	171,748	13%	636,815
Other	224,049	246,836	22,787	9%	620,858	741,031	120,173	16%	619,356
<b>Total Operating Expenses</b>	<b>18,023,707</b>	<b>19,082,886</b>	<b>1,059,179</b>	<b>6%</b>	<b>53,081,433</b>	<b>55,747,511</b>	<b>2,666,078</b>	<b>5%</b>	<b>50,760,355</b>
<b>Operating Income (Loss)</b>	<b>1,013,795</b>	<b>277,545</b>	<b>736,249</b>	<b>265%</b>	<b>1,184,345</b>	<b>354,767</b>	<b>829,578</b>	<b>234%</b>	<b>209,814</b>
<b>Non Operating Revenues (Expenses)</b>									
Taxation For Maint Operations	45,463	46,442	(978)	-2%	136,390	139,325	(2,935)	-2%	134,430
Taxation For Debt Service	-	-	-	0%	-	0	-	0%	0
Investment Income	179,123	262,151	(83,027)	-32%	541,593	824,220	(282,627)	-34%	1,058,526
Interest Expense	(606,302)	(619,247)	12,945	2%	(1,821,973)	(1,835,769)	13,795	1%	(1,790,012)
Bond Issuance Costs	-	-	-	0%	-	0	-	0%	-
Gain or (Loss) on Disposed Asset	-	-	-	0%	-	-	-	0%	-
Contributions	1,151	93,615	(92,464)	-99%	13,944	274,758	(260,814)	-95%	1,175,433
<b>Total Non Operating Revenues (Expenses)</b>	<b>(380,565)</b>	<b>(217,040)</b>	<b>(163,524)</b>	<b>75%</b>	<b>(1,130,046)</b>	<b>(597,465)</b>	<b>(532,581)</b>	<b>89%</b>	<b>578,376</b>
<b>Change in Net Position (Loss)</b>	<b>633,230</b>	<b>60,505</b>	<b>572,725</b>	<b>947%</b>	<b>54,300</b>	<b>(242,698)</b>	<b>296,997</b>	<b>-122%</b>	<b>788,190</b>

STATISTIC DESCRIPTION	MARCH 2026						MARCH 2025			
	MO	MO	%	YTD	YTD	%	MO	%	YTD	%
	ACTUAL	BUDGET	VARIANCE	ACTUAL	BUDGET	VARIANCE	ACTUAL	VARIANCE	ACTUAL	VARIANCE
FTEs - TOTAL (AVG)	763	802	5%	755	803	6%	712	-7%	701	-8%
FTEs - PRODUCTIVE (AVG)	702	709	1%	684	711	4%	650	-8%	635	-8%
ADJUSTED PATIENT DAYS	6,018	4,754	27%	15,866	13,801	15%	5,216	15%	14,528	9%
ICU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	82	68	21%	193	197	-2%	63	30%	220	-12%
ACU PATIENT DAYS (IP + OBSERVATION, MIDNIGHT CENSUS)	327	348	-6%	1,013	1,011	0%	292	12%	1,009	0%
SWING IP PATIENT DAYS (MIDNIGHT CENSUS)	23	47	-51%	128	135	-5%	32	-28%	81	58%
PATIENT DAYS (ACU, ICU, SWING), INCLUDES OBSERVATION	432	463	-7%	1,334	1,343	-1%	387	12%	1,310	2%
BIRTHS	9	6	50%	20	23	-13%	3	200%	20	0%
SURGERY CASES (IN OR)	170	138	23%	488	396	23%	139	22%	407	20%
SURGERY MINUTES (IN OR)	17,753	13,792	29%	47,747	39,561	21%	12,499	42%	39,100	22%
ENDOSCOPY SERVICES CASES	137	105	30%	345	300	15%	94	46%	299	15%
SURGERY MINUTES (ENDOSCOPY SERVICES)	5,983	4,718	27%	14,851	13,534	10%	4,200	42%	14,081	5%
LAB BILLABLE TESTS	28,661	24,780	16%	82,876	71,941	15%	23,821	20%	70,487	18%
BLOOD BANK UNITS MATCHED	50	45	11%	133	130	2%	42	19%	118	13%
MRIs COMPLETED	269	278	-3%	761	809	-6%	262	3%	760	0%
CT SCANS COMPLETED	849	760	12%	2,255	2,206	2%	749	13%	2,187	3%
RADIOLOGY-DEXA	188	162	16%	442	469	-6%	186	1%	503	-12%
X-RAYS COMPLETED	1,881	1,922	-2%	5,306	5,580	-5%	1,802	4%	5,498	-3%
ECHOs COMPLETED	253	219	16%	700	636	10%	216	17%	654	7%
ULTRASOUNDS COMPLETED	432	419	3%	1,210	1,217	-1%	436	-1%	1,264	-4%
MAMMOGRAPHYS COMPLETED	460	648	-29%	1,415	1,881	-25%	316	46%	929	52%
NUCLEAR MEDICINE TESTS	53	38	39%	139	112	24%	40	33%	110	26%
TOTAL DIAGNOSTIC IMAGING TESTS	4,385	4,446	-1%	12,228	12,909	-5%	4,007	9%	11,905	3%
PHARMACY MEDS DISPENSED	25,524	22,468	14%	71,108	65,230	9%	19,033	34%	61,780	15%
PHARMACY INFUSION MEDS DISPENSED	2,341	2,230	5%	7,119	6,473	10%	2,175	8%	6,534	9%
RETAIL PHARMACY SCRIPTS FILLED	2,557	2,251	14%	7,218	6,534	10%	2,095	22%	6,023	20%
SPECIALTY PHARMACY SCRIPTS FILLED	65	76	-14%	197	222	-11%	-	0%	-	0%
ANTI COAG VISITS	261	249	5%	733	721	2%	283	-8%	820	-11%
RESPIRATORY THERAPY CHARGE UNITS	1,399	2,040	-31%	3,831	5,924	-35%	1,802	-22%	5,610	-32%
PULMONARY REHAB CHARGE UNITS	131	140	-6%	439	407	8%	131	0%	363	21%
CARDIAC REHAB SESSIONS	200	419	-52%	572	1,218	-53%	232	-14%	602	-5%
PHYSICAL THERAPY CHARGE UNITS	8,649	7,531	15%	24,107	21,865	10%	7,616	14%	21,136	14%
PHYSICAL THERAPY CHARGE UNITS - DISCOVERY REHAB	225	1,358	-83%	225	3,942	-94%	-	0%	-	0%
OCCUPATIONAL THERAPY CHARGE UNITS	1,090	815	34%	2,611	2,367	10%	832	31%	2,073	26%
SPEECH THERAPY CHARGE UNITS	233	285	-18%	600	827	-27%	332	-30%	941	-36%
REHAB/PT/OT/ST	10,528	10,549	0%	28,554	30,625	-7%	9,143	15%	25,115	14%
ER CENSUS	1,366	1,410	-3%	3,933	4,093	-4%	1,293	6%	3,854	2%
EXPRESS CLINIC	1,185	1,270	-7%	3,511	3,686	-5%	1,240	-4%	3,573	-2%
SOCO PATIENT VISITS	242	251	-4%	722	728	-1%	238	2%	627	15%
PORT LUDLOW PATIENT VISITS	600	704	-15%	1,854	2,045	-9%	619	-3%	1,828	1%
SHERIDAN PATIENT VISITS	3,505	3,237	8%	9,459	9,399	1%	2,969	18%	8,747	8%
DENTAL CLINIC	498	615	-19%	1,497	1,785	-16%	458	9%	1,406	6%
WATERSHIP CLINIC PATIENT VISITS	1,454	1,220	19%	4,046	3,542	14%	1,175	24%	3,717	9%
TOWNSEND PATIENT VISITS	600	537	12%	1,590	1,558	2%	569	5%	1,482	7%
TOTAL RURAL HEALTH CLINIC VISITS	8,084	7,834	3%	22,679	22,743	0%	7,268	11%	21,380	6%
CARDIOLOGY CLINIC VISITS	441	412	7%	1,128	1,160	-3%	438	1%	1,177	-4%
DERMATOLOGY CLINIC VISITS	856	1,122	-24%	2,293	3,161	-27%	551	55%	1,808	27%
ENT CLINIC VISITS	-	-	0%	-	-	0%	-	0%	-	0%
GEN SURG VISITS	356	337	6%	956	950	1%	331	8%	935	2%
NEUROLOGY VISITS	143	221	-35%	282	623	-55%	100	43%	367	-23%
ONCOLOGY VISITS	372	502	-26%	1,091	1,430	-24%	370	1%	1,069	2%
ORTHO VISITS	759	742	2%	2,264	2,091	8%	709	7%	2,157	5%
INFECTIOUS DISEASE CLINIC VISITS	26	34	-24%	65	95	-32%	-	0%	-	0%
PULMONOLOGY CLINIC VISITS	346	325	6%	875	917	-5%	-	0%	-	0%
RHEUMATOLOGY VISITS	37	31	19%	137	87	57%	21	76%	61	125%
SLEEP CLINIC VISITS	212	220	-4%	601	620	-3%	253	-16%	668	-10%
UROLOGY VISITS	278	228	22%	789	661	19%	244	14%	625	26%
JH UROLOGY SERVICES VASECTOMY VISITS	8	8	0%	31	23	35%	8	0%	25	24%
OB/GYN CLINIC VISITS	338	336	1%	1,009	947	7%	231	46%	728	39%
WOUND CLINIC VISITS	139	119	17%	351	335	5%	94	48%	293	20%
HANDS/PLASTICS VISITS	219	216	1%	556	608	-9%	205	7%	576	-3%
TOTAL SPECIALTY CLINIC VISITS	4,530	4,851	-7%	12,428	13,707	-9%	3,555	27%	10,489	18%
SLEEP CENTER SLEEP STUDIES	78	60	30%	211	168	26%	66	18%	167	26%
INFUSION CENTER VISITS	775	762	2%	2,323	2,212	5%	743	4%	2,198	6%
RADIATION ONCOLOGY TREATMENTS	233	166	40%	497	481	3%	-	0%	-	0%
SURGERY CENTER ENDOSCOPIES	66	75	-12%	191	213	-10%	78	-15%	217	-12%
HOME HEALTH EPISODES	59	87	-32%	188	252	-25%	65	-9%	181	4%
HOME HEALTH VISITS	1,285	1,150	12%	3,579	3,338	7%	1,135	13%	3,229	11%
HOSPICE CENSUS/DAYS	1,317	1,302	1%	3,965	3,780	5%	1,204	9%	3,468	14%
HOSPICE VISITS	503	438	15%	1,489	1,272	17%	437	15%	1,218	22%
FOOD AND NUTRITION SERVICES MEALS SERVED	13,446	13,961	-4%	38,228	40,531	-6%	6,752	99%	20,170	90%
MAT MGMT TOTAL ORDERS PROCESSED	2,851	2,123	34%	8,006	6,164	30%	2,200	30%	5,894	36%
REGISTRATION HOSPITAL ACCOUNTS CREATED	9,352	8,833	6%	25,997	25,644	1%	8,490	10%	24,050	8%
PATIENT ENGAGEMENT CENTER CALLS HANDLED	27,883	28,949	-4%	79,501	84,047	-5%	21,172	32%	66,273	20%
PRE-POST OP RECOVERY CASES	127	99	28%	332	285	16%	109	17%	311	7%
PRE-POST OP RECOVERY MINUTES	6,141	4,177	47%	15,316	11,981	28%	4,479	37%	13,025	18%
ANESTHESIA MINUTES	22,966	18,510	24%	60,746	53,095	14%	16,124	42%	51,509	18%
DIABETES EDUCATION AND NUTRITION SERVICES VISITS	41	42	-2%	104	118	-12%	43	-5%	123	-15%